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4 Attorney for Plaintiff  
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7 **UNITED STATES DISTRICT COURT**  
8 **NORTHERN DISTRICT OF CALIFORNIA**

9 LOVEY MARTIN, ) Case No.  
10 Plaintiff, )  
11 vs. ) **CERTIFICATE OF SERVICE**  
12 DOCTORS MANAGEMENT COMPANY LONG )  
13 TERM DISABILITY PLAN, )  
14 Defendant. )  
15

16

17 I, the undersigned, hereby certify that I am employed in the City of Santa Rosa, County  
18 of Sonoma. I am over the age of 18 years, and am not a party to the within action. My  
19 business address is 131A Stony Circle, Suite 500, Santa Rosa, California 95401.

20 On December 13, 2007, I mailed at Santa Rosa, California:

21 1. Notice of Lawsuit and Request for Waiver of Service of Summons  
22 2. Waiver of Service of Summons  
23 3. Complaint  
24 4. Order Setting Initial Case Management Conference and ADR Deadlines  
25 5. Notice  
26 6. Standing Order for all Judges of the Northern District of California  
27 7. Notice of Availability of Magistrate Judge to Exercise Jurisdiction  
28

8. U.S. District Court Northern California ECF Registration Information Handout

in a sealed envelope with postage fully prepaid and addressed to:

Bruce L. Crile  
Chief Operating Officer  
The Doctors Management Company  
185 Greenwood Road  
Napa, California 94558-6270  
*Plan Administrator*  
*Doctors Management Company Long Term Disability Plan*

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed December 13, 2007, at Santa Rosa, California.

/S/  
Richard Johnston